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[United States Department of Transportation](#)



**Federal Aviation
Administration**



Guide for Aviation Medical Examiners

Pharmaceuticals (Therapeutic Medications) Do Not Issue - Do Not Fly

The information in this section is provided to advise Aviation Medical Examiners (AMEs) about two medication issues:

- Medications for which they should not issue (DNI) applicants without clearance from the Federal Aviation Administration (FAA), AND
- Medications for which they should advise airmen to not fly (DNF) and provide additional safety information to the applicant.

The lists of medications in this section are not meant to be all-inclusive or comprehensive, but rather address the most common concerns.

For any medication, the AME should ascertain for what condition the medication is being used, how long, frequency, and any side effects of the medication. The safety impact of the underlying condition should also be considered. If there are any questions, please call the Regional Flight Surgeon's (RFS) office or the Aerospace Medicine Certification Division (AMCD).

Do Not Issue. AMEs should not issue airmen medical certificates to applicants who are using these **classes of medications** or medications.

- **Angina medications**
 - nitrates (nitroglycerin, isosorbide dinitrate, imdur),
 - ranolazine (Ranexa).
- **Anticholinergics (oral)**
 - e.g: atropine, benztropine (Cogentin)
- **Cancer treatments** including chemotherapeutics, biologics, radiation therapy, etc., whether used for induction, "maintenance," or suppressive therapy.
- **Controlled Substances** (Schedules I - V). An open prescription for chronic or intermittent use of any drug or substance.
 - This includes medical marijuana, even if legally allowed or prescribed under state law.
 - Note: for documented temporary use of a drug solely for a medical procedure or for a medical condition, and the medication has been discontinued, see below.
- **Diabetic medications**
 - **NOT** listed on the [Acceptable Combinations of Diabetes Medications](#) (PDF).
 - pramlintide (Symlin)
- **Dopamine agonists** used for Parkinson's disease or other medical conditions:
 - bromocriptine (Cycloset, Parlodel),
 - pramipexole (Mirapex), ropinirole (Requip), and

- rotigotine (NeuPro)
- **FDA (Food and Drug Administration) approved less than 12 months ago.** The FAA generally requires at least one-year of post-marketing experience with a new drug before consideration for aeromedical certification purposes. This observation period allows time for uncommon, but aeromedically significant, adverse effects to manifest themselves. Contact either your Regional Flight Surgeon or AMCD for guidance on specific applicants or to request consideration for a particular medication.
- **Hypertensive (centrally acting)** including but not limited to
 - clonidine
 - nitrates
 - guanabenz, methyldopa, and reserpine
- **Malaria** medication - mefloquine (Lariam)
- **Over-active bladder (OAB)/Antimuscarinic** medications as these carry strong warnings about potential for sedation and impaired cognition.
 - e.g.: tolterodine (Detrol),
 - oxybutynin (Ditropan),
 - solifenacin (Vesicare).
- **Psychiatric or Psychotropic medications**, (even when used for something other than a mental health condition) including but not limited to:
 - antidepressants (certain SSRIs may be allowed - see [SSRI policy](#).)
 - antianxiety drugs - e.g.: alprazolam (Xanax)
 - antipsychotics
 - attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) medications
 - mood stabilizers
 - sedative-hypnotics
 - stimulants
 - tranquilizers
- **Seizure** medications, even if used for non-seizure conditions such as migraines
- **Smoking cessation aid** - e.g.: varenicline (Chantix)
- **Steroids, high dose** (greater than 20 mg prednisone or [prednisone-equivalent](#) per day)
- **Weight loss medications** - ex: combinations including phentermine or naltrexone.

Do Not Fly. Airmen should not fly while using any of the medications in the Do Not Issue section above or while using any of the medications or classes/groups of medications listed below without an acceptable wait time after the last dose. All of these medications may cause sedation (drowsiness) and impair cognitive function, seriously degrading pilot performance. This impairment can occur even when the individual feels alert and is apparently functioning normally - in other words, the airman can be "unaware of impair."

For aviation safety, airmen should **not fly following the last dose of any of the medications below** until a period of time has elapsed equal to:

- 5-times the maximum pharmacologic half-life of the medication; or
- 5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours (5 times 6)

Label warnings. Airmen should not fly while using any medication, prescription or OTC, that carries a label precaution or warning that **it may cause drowsiness or advises the user "be careful when driving a motor vehicle or operating machinery."** This applies even if label

states "until you know how the medication affects you" and even if the airman has used the medication before with no apparent adverse effect. Such medications can cause impairment even when the airman feels alert and unimpaired (see "unaware of impair" above).

- [Allergy medications](#) (PDF).
 - **Sedating Antihistamines.** These are found in many allergy and other types of medications and may **NOT** be used for flight. This applies to both nasal and oral formulations.
 - **Nonsedating antihistamines.** Medications such as loratadine, desloratadine, and fexofenadine may be used while flying, if symptoms are controlled without adverse side effects after an adequate initial trial period.
- **Muscle relaxants:** This includes but is not limited to carisoprodol (Soma) and cyclobenzaprine (Flexeril).
- **Over-the-counter active dietary supplements** such as Kava-Kava and Valerian.
- **Pain medication:**
 - **Narcotic pain relievers.** This includes but is not limited to morphine, codeine, oxycodone (Percodan; Oxycontin), and hydrocodone (Vicodin, etc.).
 - **Non-narcotic pain relievers** such as tramadol (Ultram).
- **"Pre-medication" or "pre-procedure" drugs.** This includes all drugs used as an aid to outpatient surgical or dental procedures.
- **Sleep aids.** All the currently available sleep aids, both prescription and over-the-counter (OTC), can cause impairment of mental processes and reaction times, even when the individual feels fully awake.
 - See [wait times](#) for currently available prescription sleep aids
 - Diphenhydramine (Benadryl) - Many OTC sleep aids contain diphenhydramine as the active ingredient. The wait time after diphenhydramine is 60 hours (based on maximum pharmacologic half-life)

For airmen seeking more information, see [Medications and Flying](#) (PDF) and [What Over The Counter Medications Can I Take and Still Be Safe to Fly?](#) (PDF)

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